



COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
OFFICE OF PUBLIC SAFETY AND INSPECTIONS
STATE ATHLETIC COMMISSION

PLEASE SUBMIT APPLICATION TO:
1 ASHBURTON PLACE RM. 1301 BOSTON, MASSACHUSETTS 02108

APPLICATION FOR MANAGER'S LICENSE

Please check sport which you are seeking Licensure:

☐ BOXING

☐ MMA

☐ MUAY THAI: _____

BACKGROUND INFORMATION

NAME _____
First Middle Initial Last

ADDRESS _____
Street City State Zip

DAYTIME TELEPHONE # (_____) _____ SOCIAL SECURITY # _____

DATE OF BIRTH ____ / ____ / ____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____ OCCUPATION _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____
Street City State Zip

EMPLOYER'S TELEPHONE # (_____) _____

HAVE YOU EVER BEEN LICENSED AS A MANAGER IN ANOTHER STATE? _____

IF YES, WHICH STATES? _____

AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION
(MASSACHUSETTS RESIDENTS ONLY)

My signature below authorizes the Office of Public Safety and Inspections to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

Signature of Applicant



THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION

(check box indicating compliance)

- ☐ \$50 application fee made payable to the Commonwealth (check or money order only)
- ☐ One 1 inch by 1 inch photograph of the applicant's head (without headwear)
- ☐ Copy of a government issued photo identification (e.g.- driver's license)

PLEASE OUTLINE YOUR EXPERIENCE AND EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO HOLD A MANAGER'S LICENSE:

[] (OPTIONAL)

\Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other	_____

ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.

Signature of applicant

Date

FOR COMMISSION USE ONLY

DATE OF COMMISSION REVIEW: _____

APPROVED _____ **DENIED** _____

DATE LICENSE MAILED: _____

REASON FOR DENIAL:

